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MEDICAL IMAGERY

Herpes zoster in healthy children

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A previously healthy, immunocompetent 24-month-old girl was admitted to the Department of Infectology with a 4-day history of painful pruritic blisters that had begun on her right hand. The lesion had spread rapidly to the right forearm, arm, and upper right region of her back. The mother had varicella infection during her third trimester of pregnancy without apparent sequelae in the newborn.

The patient was afebrile and had a vesicular rash involving the C7 to D1 dermatomes, with confluent, plaque-like lesions in the upper right zone of the back. The base of a vesicle was scraped and was positive for multinucleated Tzanck cells on microscopic examination (Figure 1). Oral acyclovir was given for 15 days without any complication. The pain, pruritus, and rash were completely resolved within two weeks after treatment without complications.

Herpes zoster is uncommon in childhood. Of all patients with zoster, fewer than 10% are younger than 20 years, and 5% are younger than 15 years.[1] Although zoster is primarily a disease of adults, it has been noted as early as in the first week of life. This occurs in infants born to mothers who had primary varicella zoster virus (VZV) infection during pregnancy. Approximately 2% of infants who have intrauterine exposure to varicella develop zoster in infancy or early childhood.[2] Although uncommon, herpes zoster can develop in immunocompetent children as young as a few weeks of age and should be considered in the differential diagnosis of vesicular eruptions in infants.[3] In contrast with the adult type eruption, pain and post-herpetic neuralgia is rarely seen in children, and if it occurs, is less severe and painful than the adult type.[4] Immunosuppressed patients or potentially severe VZV infections should be treated with intravenous acyclovir (500 mg/m^2 per dose tid for children) for 15 days. Healthy children should be treated with oral acyclovir at a dose of 20 mg/kg qid for 15 days.[5]

Conflict of interest: No conflict of interest to declare.

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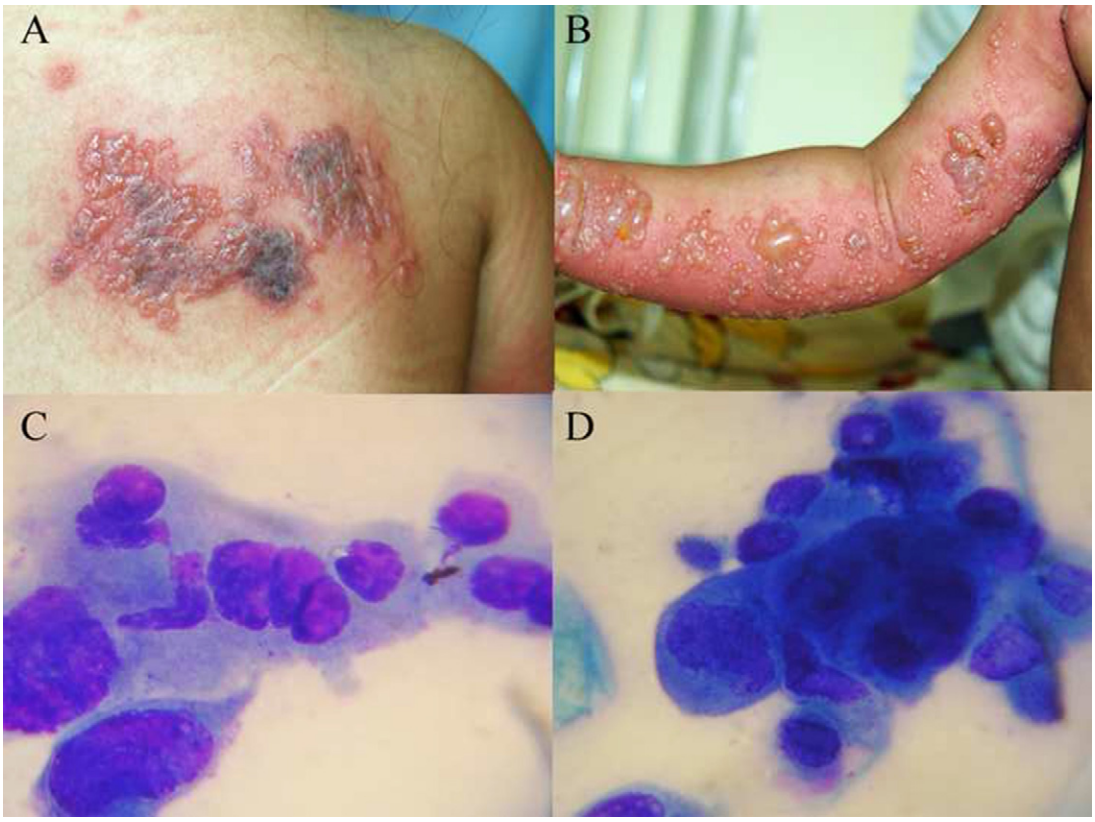

Figure 1 Panels A and B show cutaneous vesicular, bullous, eruptions in the right C7 to D1 dermatomes. Panels C and D show positive Tzanck smear demonstrating multinucleated giant cells.

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